

MDR Tracking Number: M5-04-1842-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on February 23, 2004.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of the issues of medical necessity. The office visit on 03-07-03, joint mobilization, myofascial release, ultrasound, and therapeutic exercises (therapeutic exercises and aquatic therapy with exercises) from 02-24-03 through 04-14-03 **were** found to be medically necessary. The office visits on 02-24-03, 02-28-03, 03-03-03, 04-07-03, 04-09-03 and 04-14-03 **were not** medically necessary. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 06-30-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Max. Allowable Reimbursement)	Reference	Rationale
02-24-03 02-26-03 02-28-03 04-07-03 04-09-03 04-14-03 04-17-03	97110	\$35.00 x 23 units= 805.00	\$0.00	N	\$35.00/unit	1996 MFG	Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as

							billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The MRD declines to order payment because the SOAP notes do not clearly delineate exclusive one-on-one treatment nor did the requestor identify the severity of the injury to warrant exclusive one-to-one therapy. Additional reimbursement not recommended.
02-24-03	97035	\$22.00	\$0.00	O	\$22.00	1996 MFG	Requestor submitted convincing evidence of carrier receipt of the providers' request for EOB's. Therefore, the service billed will be reviewed in accordance with the 1996 MFG. Recommend reimbursement in the amount of \$22.00.
02-26-03	97035	\$22.00	\$0.00	O	\$22.00	1996 MFG	Requestor submitted convincing evidence of carrier receipt of the providers' request for EOB's. Therefore, the service billed will be reviewed in accordance with the 1996 MFG. Recommend reimbursement in the amount of \$22.00.
04-07-03	97032 97035 97010	\$22.00 \$22.00 \$11.00	\$0.00	N No denial code	\$22.00 \$22.00 \$11.00	1996 MFG	Requestor submitted relevant information to support documentation criteria and delivery of services billed. Therefore services in dispute will be reviewed in accordance with the 1996 MFG. Recommend reimbursement of \$55.00.
04-09-03	97032 97265 97250	\$22.00 \$43.00 \$43.00	\$0.00	N	\$22.00 \$43.00 \$43.00	1996 MFG	Requestor submitted relevant information to support documentation criteria and delivery of services billed. Therefore services in dispute will be

							reviewed in accordance with the 1996 MFG. Recommend reimbursement of \$108.00.
04-14-03	97032 97035 97010	\$22.00 \$22.00 \$11.00	\$0.00	N	\$22.00 \$43.00 \$11.00	1996 MFG	Requestor submitted relevant information to support documentation criteria and delivery of services billed. Therefore services in dispute will be reviewed in accordance with the 1996 MFG. Recommend reimbursement of \$76.00.
04-17-03	99213	\$48.00	\$0.00	N	\$48.00	1996 MFG	Requestor submitted relevant information to support documentation criteria and delivery of services billed. Therefore services in dispute will be reviewed in accordance with the 1996 MFG. Recommend reimbursement of \$48.00.
TOTAL		\$1115.00					The requestor is entitled to reimbursement of \$331.00.

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable for dates of service 02-24-03 through 04-17-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 19th day of November 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

October 26, 2004

Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

REVISED REPORT
Corrected date in Decision and in Rationale

Re: Medical Dispute Resolution
MDR #: M5-04-1842-01
IRO Certificate No.: 5055

Dear:

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine and is currently on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information from Requestor: correspondence, office notes, physical therapy notes and FCE.

Information from Respondent: correspondence, radiology report and designated doctor report.

Information from Orthopedic Surgeon: office notes, physical therapy notes and operative report.

Clinical History:

Patient is a 33-year-old female who was injured on ___. She initially went to the ER, but on 12/05/02, presented to a chiropractor that began a conservative trial of chiropractic care and physical therapy. Despite the conservative trial, due to the persistence in her pain, she eventually underwent right shoulder surgery in March of 2003 and right wrist surgery in May 2003.

Disputed Services:

Office visits, joint mobilization, myofascial release, ultrasound, therapeutic exercises, and aquatic therapy with exercises during the period of 02/24/03 through 04/14/03.

Decision:

The reviewer partially agrees with the determination of the insurance carrier and is of the opinion that the office visits were not medically necessary, with the exception of the office visit (99213) on 03/07/03. The joint mobilization, myofascial release, ultrasound and therapeutic exercises were medically necessary during the period of service in dispute as stated above.

Rationale:

The office visits during the date range are denied as the records do not support the medical necessity of this high level of service to be performed on a visit-to-visit, routine basis. However, the office visit (99213) for date of service 03/07/03 is approved as the diagnosis supports the periodic evaluation of a patient during active care, and there is a report from the treating doctor to support this service.

Insofar as the joint mobilizations (97265) and the myofascial releases (97250) are concerned, the medical records adequately established a decrease in the shoulder and wrist ranges of motion, and the physical examination and MRI established a tenosynovitis of the wrist. Therefore, these services are supported and as such, are deemed medically necessary.

Given that the patient underwent two separate surgeries – one in March for the shoulder, and the other in May for the wrist – the remainder of the physical therapy and therapeutic services provided are deemed medically necessary.

Sincerely,